



COUNTY OF ERIE
CHRISTOPHER L. JACOBS
ERIE COUNTY CLERK

"PENS WE WANT OUR CUSTOMERS TO TAKE!!"



PEN DONATION APPLICATION FORM

PLEASE TYPE OR PRINT

NAME OF APPLICANT/OWNER:	NUMBER OF PENS:
BUSINESS NAME:	
TELEPHONE:	
MAILING ADDRESS:	
CITY, STATE, ZIP CODE:	
TYPE OF BUSINESS:	
DISTRIBUTION PREFERENCES: <input type="checkbox"/> Rath Building, <i>Downtown</i> <input type="checkbox"/> Urbandale Plaza, <i>Cheektowaga</i> <input type="checkbox"/> Eastern Hills Mall, <i>Williamsville</i> <input type="checkbox"/> Northtown Plaza, <i>Amherst</i> <input type="checkbox"/> E.C.C. South, <i>Orchard Park</i> <input type="checkbox"/> Evans Town Hall <input type="checkbox"/> All Auto Bureau Locations	

SIGNATURE: _____

DATE: _____

TITLE: _____

RETURN THIS FORM BY MAIL OR FAX TO:

CHRIS JACOBS
ERIE COUNTY CLERK
92 FRANKLIN STREET
BUFFALO, NY 14202
FAX: (716) 858-6550

THANK YOU FOR YOUR DONATION!

UPON RECEIPT OF THIS APPLICATION YOU WILL BE
CONTACTED BY THE ERIE COUNTY CLERK'S OFFICE FOR
SHIPPING OR DROP-OFF ARRANGEMENTS**

FOR OFFICE USE ONLY

APPROVED BY:	DATE:
NUMBER OF PENS CONFIRMED:	
AUTO BUREAU OFFICE:	REGISTRAR'S OFFICE:
DATE SHIPMENT RECEIVED:	DATE DISTRIBUTED:
ADDITIONAL NOTES:	

**THE ERIE COUNTY CLERK'S OFFICE RETAINS THE RIGHT TO FINAL APPROVAL OVER ACCEPTANCE OF A DONATION BASED UPON
APPROPRIATENESS OF ADVERTISING CONTENT.